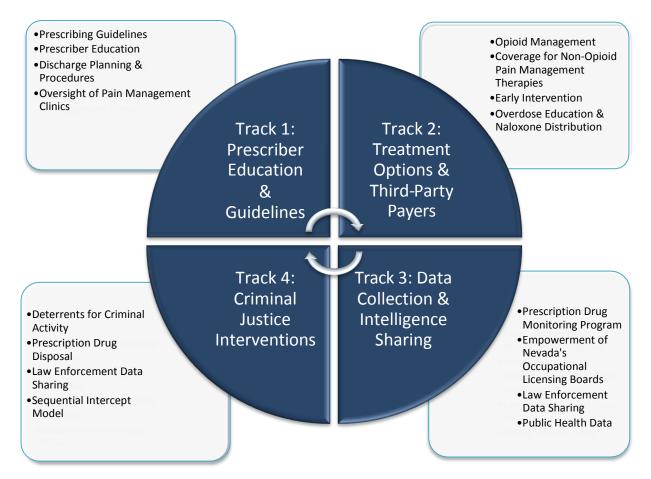
2016 Prescription Drug Abuse Summit Summary At A Glance

Governor's Prescription Drug Accountability Taskforce Meeting

September 25, 2017

Background. On August 31 and September 1, 2016, Nevada Governor Brian Sandoval hosted the Prescription Drug Abuse Prevention Summit in Las Vegas, Nevada to convene policy makers, health care providers, law enforcement, industry representatives, and other interested stakeholders to make recommendations for how Nevada can best address its prescription drug abuse epidemic. More than 450 people from across the state attended.

During the two-day summit, breakout sessions were used to gather recommendations around four specific subject matter tracks:



The *Summary at a Glance* handout provides a high level synthesis of the recommendations made to the Governor as a result of the two-day Summit. It includes the cross-cutting themes, as well as recommendations specific to each of the four tracks. The full summary of findings from Governor Brian Sandoval's Prescription Drug Abuse Prevention Summit Summary of Findings (2016) is accessible online at: http://gov.nv.gov/uploadedFiles/govnvgov/Content/News_and_Media/RX/FinalSummitReport.pdf

Cross Cutting Themes

Through the four subject matter tracks, three cross-cutting themes emerged to advance all efforts, across all tracks:

Design and implement data driven collaborative systems for decision-making to address the crisis.

- Identify trends, doctor shoppers and high prescribers by using Prescription Drug Monitoring Program (PDMP).
- Work (in a taskforce or fusion center) and partner federal, state, and local government on investigations and prosecutions.
 - Expand law enforcement to see the criminal justice system as part of data integration.
- Leverage policies and procedures (like the National Center for Interstate Compacts) for accessing information for the PDMP database.
- Formalize communications through an Executive Order.
- Develop and implement a universal data sharing agreement.
- Create shared definitions and language around comprehensive pain management approaches (Medication-Assisted Treatment/MAT, non-opioid treatment, etc.).

Implement public awareness to educate, inform, and engage the public, prescribers, physicians, and community-based organizations about the crisis.

- Educate the public.
- Create a one-stop resource (website) to report concerns about prescription use.
- Provide information about Naloxone and MAT.
- Ensure there is provider education, training and experience to support non-opioid treatment delivery:
 - Behavioral health providers need to understand the role they could play in pain management services.
 - Physicians need to know what non-opioid pain management services exist and are covered, and how to connect patients to those resources.

Ensure sufficient infrastructure and resources to address the crisis.

- Increase access to MAT.
- Address the healthcare workforce shortage issues (especially in the rural areas) and expand alternative service options such as telemedicine and mobile units.
- Implement patient-centered care to allow the full range of service options to meet their needs.
- Ensure there is a multi-disciplinary approach to public awareness.
- Expand range of non-opioid treatment options, such as:
 - Chiropractic
 - Acupuncture
 - Cognitive Behavioral Therapy
- Expand and promote Screening, Brief Intervention, and Referral to Treatment (SBIRT).

At-A-Glance Track 1: Prescriber Education and Guidelines

Sub-Category & Context	Recommendations
Prescribing Guidelines The development of prescribing guidelines by states has been deemed by the federal government and many national groups as best practice in the fight against prescription drug misuse.	 Examine lessons learned from other states, use CDC resources Incorporate close monitoring; to include pharmacists Include MCOs, Medicaid and third-party payers in design Describe distinct patient needs related to pain management and addiction treatment Address reimbursement policies and timing, to include patient counseling and education Provide licensed providers with review and feedback opportunities
Prescriber Education Many prescribers do not receive in-depth training on opioid prescribing and addiction during their schooling. Clinician training curriculum and continuing education is needed.	 Use multi-disciplinary approach for responsive treatment Expand provider/prescriber education to include communication about resources Provide prescriber-patient coaching in supportive environments for complex problems Address education needs in acute care settings (where provider-patient relationships do not exist)
Discharge Planning and Procedures Nevada needs to develop appropriate discharge planning procedures for those individuals who present in an emergency room with a potential opioid overdose.	 Adopt a multi-disciplinary approach Provide overdose death and hospital data back to prescribing clinician Provide information for successful care transitions Maintain an electronic inventory of bed capacity for appropriate referral and transfers Initiate MAT prior to discharge Implement overdose response teams in partnership with recovery communities Use PDMP to flag patients treated for overdose Negotiate for competitive pricing on Naloxone procurement
Oversight of Pain Management Clinics Overall, there is no consensus on how pain management clinics are, and should be, defined. However, there was consensus regarding these recommendations.	 Involve medical board, pharmacy board, and other prescriber licensing boards in the process to determine how pain clinics are defined Tie oversight to non-punitive education on guidelines for all prescribers and staff. The majority of pain prescriptions in Nevada are given by primary care providers Incorporate review of how pain management specialists classify themselves in terms of board certification in the oversight process

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Track 2: Treatment Options and Third-Party Payers

Sub-Category & Context	Recommendations
Opioid Management Unprecedented access to prescription drugs has led to an increased need for medication assisted treatment through opioid treatment programs.	 Develop and adopt guidelines for comprehensive opioid treatment management across all payers Address barriers related to Medicaid including payment and administrative challenges Address access barriers including but not limited to workforce shortage s Assist people in criminal justice settings and that are homeless to access MAT
Coverage for Non-Opioid Pain Management Therapies Non-opioid pain management therapies have been identified as viable strategies for the management of chronic pain.	 Support a wide range of non-opioid treatment options Expand workforce that can provide services through changes to licensing and certification, mechanisms for reimbursement, and incentives that encourage rural services Enhance access to care through strategies including but not limited to telemedicine, transportation assistance, case coordination, partnerships, and community health workers Help providers to support their clients with non-opioid pain Leverage Medicaid through strategies including but not limited to simplified billing, shared definitions around pain management, and benefits
Early Intervention Early intervention can help to address issues before they are more severe or acute. Screening, education, and general support for behavioral health are components of the strategies identified.	 Enhance primary care physicians' knowledge and/or comfort in addressing the behavioral health component of comprehensive care Educate patients and providers about pain management Increase use of SBIRT Integrate behavioral healthcare into primary care settings (either through co-location or onsite telehealth options) Expand pre-op drug screening and connection to treatment when needed Conduct a public education campaign aimed at prevention Establish a statewide forum for sharing best practice information on SBIRT and integrated care Gather a diverse group of stakeholders to problem solve telehealth issues Address federal regulations that limit communication efforts Lower the threshold for adolescent entry into drug court
Overdose Education & Naloxone Distribution Priority groups for overdose education and naloxone distribution include physicians, pharmacists, patients and families, school personnel, first responders, substance abuse and treatment facility staff, judges, and treatment groups and associations.	 Lower the threshold for addrescent entry into drug court Implement automated risk warning upon initial prescription of opioids for prescribers and patients and pharmacist warnings to patients and families Provide education to professionals utilizing existing Continuing Education Unit (CEU) structure Integrate messaging into mandatory training component of the Substance Abuse and Mental Health Services Administration (SAMHSA) Implement a public education campaign Assist pharmacists to dispense naloxone Ensure training and education is available to everyone who may administer naloxone

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Track 3: Data Collection and Intelligence Sharing

Sub-Category & Context	Recommendations
Prescription Drug Monitoring Program (PDMP) The Nevada PDMP has been used to identify patients who may be "doctor shopping." The PDMP is also now being used as a data source to understand prescribing patterns.	 Improve thoroughness and quality of data in PDMP Implement systems to push data from the PDMP to providers Implement a time limit for prescribing Enforce illegality of samples and auto refills Implement a prescriber report card linked to consequences. Ensure Health Insurance Portability and Accountability Act (HIPAA) compliance between data systems Ensure a mechanism for state boards to report back to PDMP. Facilitate access to lock in health plans Evaluate policies and requirements for providers
Empowerment of Nevada's Occupational Licensing Boards Nevada's occupational licensing boards regulate the practice of medicine in the state.	 Support and encourage boards in their collaborative work. Boards are crafting language for a bill draft and need Legislative support to: Shorten the time frame to obtain records and lengthen check in to a 60-day dispensing license. Facilitate access to medical records for investigations. Address the issue of phantom prescribers, who are licensees not on the books.
Joint Session: Law Enforcement Data Sharing This joint session discussed development of collaborative information sharing efforts between state public health agencies and law enforcement.	 Improve quality of data Improve timeliness and distribution of data (e.g., death records, hospital overdoses, Emergency Medical Services/Fire data re: overdoses and naloxone distribution, etc.) Ensure that community organizations and agencies (e.g. local health departments) can access relevant data Examine what the Drug Enforcement Administration (DEA) is doing in Clark County and expand it statewide Establish agreement for data sharing Use data to drive policy and resource decisions; and help direct investigations
Public Health Data Data collection, analysis, and reporting can be strengthened to support prevention and treatment efforts.	 Evaluate feasibility of implementing a data dashboard (in development) Clarify needs and agreements for collection and analysis of both identified and de-identified data and agreements about how data Work with coroners to ensure that overdose death data is standardized. Collect data from PDMP, DPBH, local health districts and workforce Use predictive analytics for best practice identification and public education Promote use of the Health Insurance Exchange (HIE) Work toward integrated data system with consistent reporting Use memorandums of understanding (MOU) to put formal data sharing agreements into place Strengthen data collection and sharing using state resources

Allow access of data for research and evaluation purposes

At-A-Glance Track 4: Criminal Justice Interventions

Sub-Category & Context	Recommendations
Deterrents for Criminal Activity Stakeholders suggested actions, policies and statutes to lower Nevada's thresholds for the prosecution of criminal activity related to illegal distribution of opiates.	 Amend Nevada Statute to mimic federal thresholds for trafficking Schedule 1 substances Lower thresholds for determining felony classes Expand penalties – conspiracy is a C felony and considered too low. Enhance penalties for medical/other professional provider convicted of crime [related to opioids] Allow aggregation in order to demonstrate/prosecute conspiracy
Law Enforcement Data Sharing Expanded law enforcement partnerships and data access to better target over- prescribers, traffickers/criminal	 Develop policies and procedures for using PDMP database to send alerts and help investigate overprescribing Add state and local partners to participate on the DEA task force to connect cross state trafficking Educate the community about the true scope of the opioid trafficking and use epidemic Build on and formalize partnerships between agencies Provide a single point of contact for each agency
Prescription Drug Disposal Nevada has a robust year- round prescription drug take back program that is run through the State's many prevention coalitions. Nevada has struggled to find a sustainable solution for prescription drug disposal.	 Conduct a cost-benefit analysis of an in-state incinerator Continue use of lock box/collection receptacles Provide information for ultimate end users (e.g., households), to render drugs unusable and seal in pouches for leach-proof landfill disposal Research systems and current laws for mail back programs Implement the Extended Producers/Manufacturers Responsibility Model Continue public and practitioner education to increase understanding of how and where to safely dispose Reduce number of days for initial pain prescriptions
Sequential Intercept Model The Sequential Intercept Model emphasizes the implementation of interventions to divert individuals from the criminal justice system by linking them to treatment and support services.	 Promote successful implementation of Sequential Intercept Model Implement a shared, validated risk assessment tool Encourage providers to be actively involved with specialty courts, and provide wraparound services Continue work on a re-entry task force Use multiple strategies to effectively connect people with community resources and needed services including MAT Promote collaboration across agencies, and to share resources. Provide training to officers to be more engaged Set up co-response teams and implement Crisis Intervention Team (CIT) Promote peer supports Leverage Medicaid funding and address Medicaid policies Conduct ongoing program and outcomes evaluation